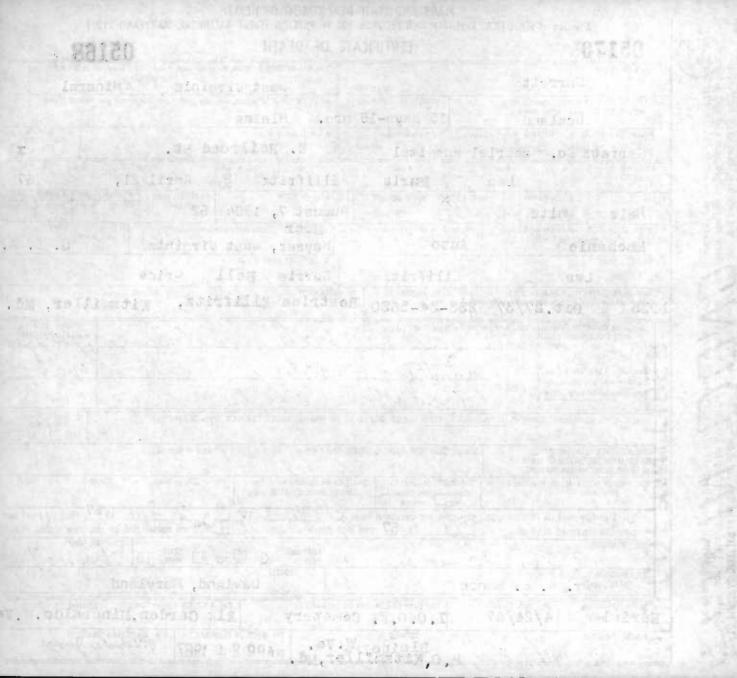
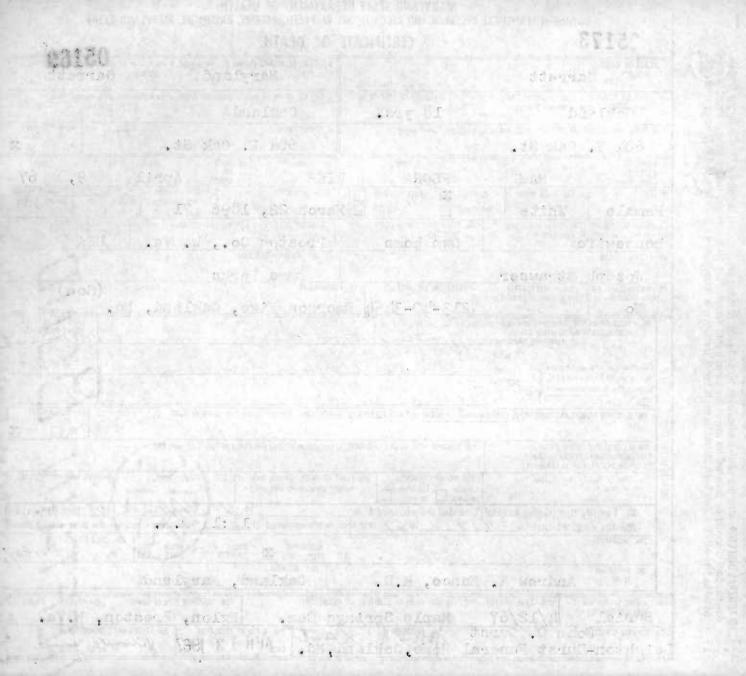
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VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05173 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Resid o. COUNTY Garrett Maryland b. COUNTY Garrett MARYLAND filled in by the fu b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1b. 18 Oakland vrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 60h E. Oak St. 60h E. Oak St. YES NO DO 3. NAME OF Middle DATE Lost Year the attending physician and campletely sit permit. Then please remays carbon DECEASED April 67 MAE FLORA FIKE 19 (Type or print) DEATH 9. AGE (In years IF UNDER IF LINDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED lost\_birthdov) and in any e Hours March 22. Female White 1896 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)
Housewife Own Preston Co., W. Va. home 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remaval, Emma Parks Joseph Strawser 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Son) (Yes, no, or unknown) (If yes give wor or dotes of service) Emerson Fike. Oakland. Md. crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) burial-transit ONSET AND, DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) be retained by the hospital ar attending physician. DUE TO signed Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the priar ta O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use NO DO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20d INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram 19 67, and that death accurred at 11:16, from dues and an the date stated above saw the deceased alive an\_ 220 SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. director, page should be filed TO HOSPITAL Page 4 may b 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Andrew E. Mance. M.D. Oakland, Maryland 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION. Maple Springs Cem. Eglon. Preston. W.Va. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTORON D. VR A15 (4) Home . Oakland . Md. 20 M 1/66 Leighton-Durst Funeral



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05171 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE West Virginia b. COUNTY Garrett MARYLAND the attending physician and campletely filled in by the sit permit. Then please remays carbon papers. Pages c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give negreet town Eglon 47 days-13 hrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Garrett County Memorial Hospital 3. NAME OF First Middle 4. DATE Manth Last DECEASED Nellie Dave Fike April 13. (Type or print) DEATH S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 65 (in years Months Nov. 22. 1901 Female White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind af work done during mast af warking life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY Terra Alta, West Virginia Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Virginia Dodge David Kino 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. Address 1B. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (o), DUE TO stating the underlying cause as the has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use TO FUNERAL DIRECTOR: After this certificate by the hospital or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) Haur a.m. Not While factory, street, affice bldg., etc.) at work at work 21. I certify that (I) (this haspital) attended the deceased fram Teh

24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66

L. Grant

23b. DATE THEREOF

4/16/1967

saw the deceased alive an\_

22a. SIGNATURE

22c. PHYSICIAN'S NAME (Type) Dr.

23g. BURIAL CREMATION.

Buria.

REMOVAL (Specify)

be retained

directar, page 3 shauld be filed w

19. WAS AUTOPSY PERFORMED? NO (County) (Stote) . 1967 ta 11500 19 67, and that death accurred at 1:20MAroM causes and an the date stated above. 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS Dakland, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) Eglon Cemetery Higlon Preston 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATADD

e. IS RESIDENCE ON A FARM?

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12. CITIZEN OF WHAT

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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r death	ond er death		1. PLACE OF DEATH o. COUNTY Garrett	MARYLAND	2. USUAL RESIDENCE (Where decomposition of the state of t	ceased lived, if institution: Residen ad b. COUNTY Ga.	re tt
urs atte oy the f	Poges ours afte		b. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town).  Loch Lynn) Mt. Lake	c. LENGTH OF STAY IN 16 Park 72 Yrs.		porate limits, write RURAL and give	
that the death certificate be executed within 24 hours after an.  by the attending physician and completely filled in by the fu	n popers. Poges I ond 2 ithin 72 hours after death.	0	d. NAME OF HOSPITAL OR INSTITUTION (If not in he		d. STREET ADDRESS 102 Roanok		e. IS RESIDENCE ON A FARM? YES NO
a withir etely fil	event with	1	3. NAME OF DECEASED (Type or print) ULYSSES	Middle GRANT	FORD 4. DAT	ATH April 22,	Doy Year 19 <b>67</b>
ond completely f	move o		26.7	DOWED 🛣 DIVORCED 🗌 🖪	DATE OF BIRTH March 16,1872	lost birthdoy) Manths yrs.	Doys Hours Min.
ertiticate be exemple on the physician ond the second of t	burial-tronsit permit. Then pleose remo buriol, cremation, or removol, ond in any	3	10a. USUAL OCCUPATION (Give kind af wark done during most of working life, even if retired) Painter-Paper Hange:	10b. KIND OF BUSINESS OR INDUSTRY  Maintainance	11. BIRTHPLACE (County & State, or Rowlesburg	W Va CO	TIZEN OF WHAT
certific g physi	hen pl novol,		James H. Ford		14. MOTHER'S MAIDEN NAME Elizabeth		
he deoth ce attending	armit. n, or rei		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, 10 or unknown) (If yes give war ar dates of servi		iformant Ldred Ford, M	Address (Da: It. Lake Park	
thot the an. by the a	onsit pe ematio		18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c).)	desare	1	ONSET AND DEATH
requires the g physician. n signed by	burial-tronsit buriol, cremat		Conditions, if ony, which gave (b)				
			stating the underlying couse   DUE TO   (c)				
	rar use os the Heolth prior to	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB				19. WAS AUTOPSY PERFORMED? YES NO
the hospital or this certificate	hed tar t. of He		20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (I			
-	ate Dep		20c. TIME OF INJURY Month, Day, Year Haur a.m. 19	While at work facta	E OF INJURY (Home, form, ry, street, affice bldg., etc.)	Of. (City or town) (Cou	unty) (Stote)
R: A	ould be the Stat		21. I certify that (I) (this haspital saw the deceased alive an	attended the deceased from	death accurred at 2:1	to 220/1, 192	
be retain	je 3 sho led with		22a. SIGNATURE CU drun	5 Mance MD	ATTENDING MED. PHYS. DIRECTO	OR PHYS. D 22b. D	ate signed 7
Poge 4 moy	director, poge 3 should be filed v	1		Mance, M.D.	Oakland,	Maryland  . LOCATION (City or Town)	(Caunty) (Stote)
Poge TO FUI	इंड्र	1	BUTTY Specify) 4/25/67	Oakland Cen	netery	Oakland. Ma	ryland
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		THE CASE	
David P.			

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05174 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) etely filled in by the funer arbon papers. Pages I an a. COUNTY o. STATE b. COUNTY Garrett Garrett Marvland MARYLAND CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparote limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, days-17 hrs. Swanton e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS Rt. 1 Garrett Co. Memorial Hospital YES X NO 3. NAME OF First Middle 4 DATE Last Month Day Year DECEASED April Wilson. 6, 67 James Green DEATH (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS. the attending physician and camp sit permit. Then please remave c S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED Months White May 24, 1871 Male WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY U.S.A. Swanton (Garrett), Md. Farmer Farming 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, or remaval, Lydia Broadwater Jefferson Green 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 15. WAS DECEASED EVER IN U.S. AKMED PURCES: (Yes, no, or unknown) (If yes give wor or dotes of service) 220-52-9818 16. SOCIAL SECURITY NO. Address Mrs. Blanche Halsev McHenry. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which gave rise ta immediate cause (o). DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been as the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO 🖂 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Not While of wark TO HOSPITAL OR ATTENDING Page 4 may be retained by the ot work 18 140 67 . 19 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram 10 Million , 1967, ta 19 67, and that death accurred at 1:45 MA from causes and an the date stated above. saw the deceased alive an Som -22b. DATE SIGNED 22g. SIGNATURE MED. DIRECTOR STAFF PHYS. ATTENDING director, page 3 shauld be filed w M D PHYS. 22c. PHYSICIAN'S 22d. ADDRESS Oakland, Maryland NAME (Type) Dr. B. L. Grant 230. BURIAL, CREMATION, REMOVAL (Specify) BUP 18.1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) Glendale Cemetery Garrett Co. 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR FUNERAL DIRECTOR Charles 1967 Oakland, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05175 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT: PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COLINTY b. COUNTY ny delay is 2, ond 3 to PM3. Page Maryland Garrett Garrett MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) the State Departmen Mt. Lake Park - Rural 6 hrs. 30 mins. Oakland d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e, writing the word "pending" in pencil in Item 18. Give Pages 1, forworded to the Chief Medical Exominer's Office olong with form Rt #1, Box 14 Garrett Co. Memorial Hospital YES IN NO T in Item 18. Give Pages 3. NAME OF First 4. DATE **OECEASED** April 19 67 26. Clifford (Type or print) Earl Harsh DEATH 9. AGE (In years lost birthdoy)
yrs. IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. OATE OF BIRTH 7. MARRIED TO NEVER MARRIED Months Male White Feb. 28,1906 hours ofter death. WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) COUNTRY? Farming Tucker Co.. W. Va. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME This certificate should be executed within Abraham Lincoln Harsh Mary Jane Dumire 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes give war or dotes of service) 17. INFORMANT (Son) ony event within 72 16. SOCIAL SECURITY NO. Address 216-18-163 Harold Harsh, Mt. Lake Park, Md. 18. CAUSE OF OEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN Hours PART I. OEATH WAS CAUSED BY: Cerebral Hemorrhage IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gave 7 Hours Rupture of Berry Aneurysm rise to immediate couse (a). L OUF TO stating the underlying cause 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) removal, PERFORMED? 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18)
One car auto accident 10:30 A. M. 4-26-67 U. S. Rt. 50 20o. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING O cremation, or CAUSE OF DEATH. 20f. (City or town) (County) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Ooy, Year Hour a.m. While of work Not While Highway street, office bidg., etc.) may be retained far your FUNERAL DIRECTOR: Poge Rural Aurora Preston W. Va. xxm.4-26-67 19 TO 21. I certify that I took charge of the remains described above/held on Autopsy , Inspection , Inquiry, and in my opinion deoth resulted from: Notural couses XX. Accident ... Syrcide . Homicide . Undetermined manner funeral director. 5 mu, TO FUNERAL. Health prior to b CHIEF MEDICAL EXAMINER 22. DATE SIGNED Vernor H. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Street, city, town, or county)Oakland, Maryland James H. Feaster, Jr., M. D. 23d. LOCATION (City or Town) Garone tt(Stote Md 23c. NAME OF CEMETERY OR CREMATORY 230 BURYAL CREMATION REMOVAL (Specify).
Buria St. John's Luth. Cem. Red House, Near Oakland DATE AND BY REGISTRAR 196 25b. REGISTRAR'S SIGNATURE 24 OREAL DIRECTOR DUTSE VR A 15ME (5) 1967 6M 1/67 Leighton-Durst Fuheral Home, Oakland, Md.

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COUNTY	arrett		MARYLAND	a. STATE Mary	rland	b. COUN			edmission)
b. CITY OR TOWN	if outside corporate limi	its,	c. LENGTH OF STAY IN 18	c. CITY OR TOWN (	If outsida corp	orete limits, write	RURAL and giv	va nearest to	wn)
Crel	give nearest town)		5 yrs.	Crel	llin			11.1	
d. NAME OF HOSPI	TAL OR INSTITUTION (	if not in ho	spital, give street address)	d. STREET ADDRESS				ON	RESIDENCE A FARM? NO.K
. NAME OF	First		Middle	Last	4. DATE	Month	D	ay Ye	er
(Type or print)	John		Sherman	Harvey	OF DEATH	L	2		67
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH		AGE (In years last birthday)	Months Dev		R 24 HRS.
Male	White	WIDOW			900	66 уль.			
done during most of we Manage1	orking life, even if retire	d)	ind of Business or Indus	Elk Garde				OF WHAT	COUNTRY
3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
Dorse	y Harvey			Julia Li	ish				
15. WAS DECEASED EV	ER IN U.S. ARMED FOR	RCES?   16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address	Children and		
Yes, no, or unkown) (	fyesgive war or detes of s	orvice)		Mrs. Lottie	Напис	Tr Ch	ellin,	MA	
NO I 18. CAUSE OF I	EATH lenter only one	cause per	line for (a), (b), end (c).	ns. houre	mar ve	y OI		INTERVAL B	ETWEEN
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cause last.	) (c)								
	R SIGNIFICANT CONDI		NTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(e	19. WAS PERF YES	AUTOPSY ORMED? NO
PART II. OTHE		TIONS COI	NTRIBUTING TO DEATH BUT I				EN IN PART 1(e	PERF	ORMED?
PART II. OTHE	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	INJURY OCCURRED 200. P		Part I or Pert II	l of item 18.)	(County)	YES T	ORMED?
20%. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY Hour a.m. p.m. 21.	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER  CAUSE  CAUSE  CAUSE  AS UNDERLYING  CAUS	20b. DES	INJURY OCCURRED 200. P Not White at work ded the deceased from	ED. (Enter nature of injury in LACE OF INJURY (Home, ferractory, street, office bldg., etc.	n, 20f. (Cin	or town)	(County)	YES T	(State)
20. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY LOUR a.m. p.m.	AS UNDERLYING	20b. DES	INJURY OCCURRED 200. P Not White at work ded the deceased from	LACE OF INJURY (Home, ferractory, street, office bldg., etc	n, 20f. (Cin	or town)	(County)	YES THAT (I) date stated	(State)
PART II. OTHE  20a. ACCIDENT W OR CONTRIBUTING IIF EITHER, NOTIFY 20c. TIME OF INJU Hour a.m. p.m. 21. I certify is	AS UNDERLYING	20b. DES	INJURY OCCURRED 200. P Not White at work ded the deceased from	LACE OF INJURY (Home, for actory, street, office bldg., etc.)	Pert I or Pert II  m, 20f. (City 19, toM, from MED.	or town) the causes a	(County)	YES TO PERF	(Stete)  (we) last diabove.
PART II. OTHE  20a. ACCIDENT W OR CONTRIBUTING IIF EITHER, NOTIFY 20c. TIME OF INJU Hour a.m. p.m. 21. I certify saw the decea 22a SIGNATURE  22c. PHYSIC ANTS RAME TYPE  23a. BURIAL, CREMAT	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)  IRY Month, Dey, Yes  that (I) (this hosping and alive on	20b. DES  20b. DES  er 20d. Whill of wo lall) attentions	INJURY OCCURRED 200. P Not While at work ded the deceased from 19, and the	LACE OF INJURY (Home, ferractory, street, office bldg., etc.)  at death occurred at  ATTENDING PHYS.  22d. ADDRESS  22b. D2D	Pert I or Pert II  m, 20f. (City 19, toM, from MED. DIRECTOR [	or town) the causes a	(County)	YES THE (I) date stated	(Stete)  (we) last dispose.
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY Hour a.m. p.m.  21. I certify saw the decea	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)  IRY Month, Dey, Yes  that (I) (this hosping and alive on	20b. DES  20b. DES  er 20d. Whill of wo lall) attentions	INJURY OCCURRED 200. P Not While at work ded the deceased from 19	ATTENDING PHYS.  22d. ADDRESS 22LE, D2D	Pert I or Pert II  m, 20f. (City  19, to. M, from  MED.  DIRECTOR [  23d. LOC.	or town)  the causes a STAFF PHYS.	(County)	YES THE (I) date stated	(Stete)  (Stete)  (We) lasd displayed above. SIGNED)

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05178 CERTIFICATE OF DEATH 24 hours after death. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) filled in by the funeral papers. Pages 1 and 1. PLACE OF DEATH b. COUNTY o. COUNTY o. STATE GARRETT W. VA. MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RUPAL and give neorest town) 6 DAYS THOMAS d. STREET ADDRESS' e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) GARRETT COUNTY MEMORIAL HOSPITAL BOX # 446 YES NO requires that the death certificate be executed within 3. NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED MIKE KOROSEC (Type or print) DEATH S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** last birthdoy) Months Dovs Hours MALE WHITE SEPTEMBER 19.1888 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done physicion a COUNTRY? during most of working life, even if retired) **INDUSTRY** MINER AUSTRIA U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME KOROSEC, JOHN ZAKRACEC. FRANCES 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address BOX # 446 (Yes, no. or unknown) (If yes give wor or dotes of service 232-09-3417 WIFE-ANNA MARTINCIC KOROSEC-THOMAS, W.VA INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line to) (o), (b) and (c).) ONSET AND DEATH buriol-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) þ Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been the r to WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? use YES [ NO for 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work 1960 21. I certify that (I) (this hospital) attended the deceased fram. , that (I) (we) last , and that death occurred at 4:50 MM, from causes and an the date stated above. sow the deceased olive on\_ 22o. SIGNATURE 22b. DATE SIGNED ATTENDING auce M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial 5/2/1967 Thomas Tucker W. Va. 256. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05179 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. physician and completely filled in by the funeral en please remave carban papers. Pages 1 and ovel, and in finy event, within 72 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY Maryland Garrett Garrett MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town) 25 Davs 20Hrs. Dakland Mt. Lake Park. Marvland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Garrett County Memorial Hospital 506 H. Street YES NO NO 3. NAME OF Last 4 DATE Month DECEASED Ready April (Type or print) Martha Custer DEATH 6. CDLDR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthdoy) WIDOWED DIVORCED 11-24-84 White Female IDo, USUAL OCCUPATION (Give kind of work done 1Db. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Own home COUNTRY? Mc Henry, Maryland
14. MOTHER'S MAIDEN NAME America 13. FATHER'S NAME Eliza Ann Miller William Custer 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. Address (Dau. (Yes, na of unknown) (If yes give war or dotes of service) Mrs. Juanita Schrock. Mt. Lake Park 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if any, which gave rise ta immediate couse (o), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been far use as the WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) be retained by the hospital or 2Do. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While 21. I certify that (I) (this hospital) attended the deceased fram , 1965, to April 29967, that (1) (we) last sow the deceosed alive on April 29. 19 67, and that death occurred of DAM from couses and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. B. L. Grant Oakland, Maryland director, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, BREMOVAL (Specify) 5/1/67 Oakland, Maryland Oakland Cemetery VR A15 (4) 20 M 1/66 Home . Oakland . Md. Leighton-Durst Funeral

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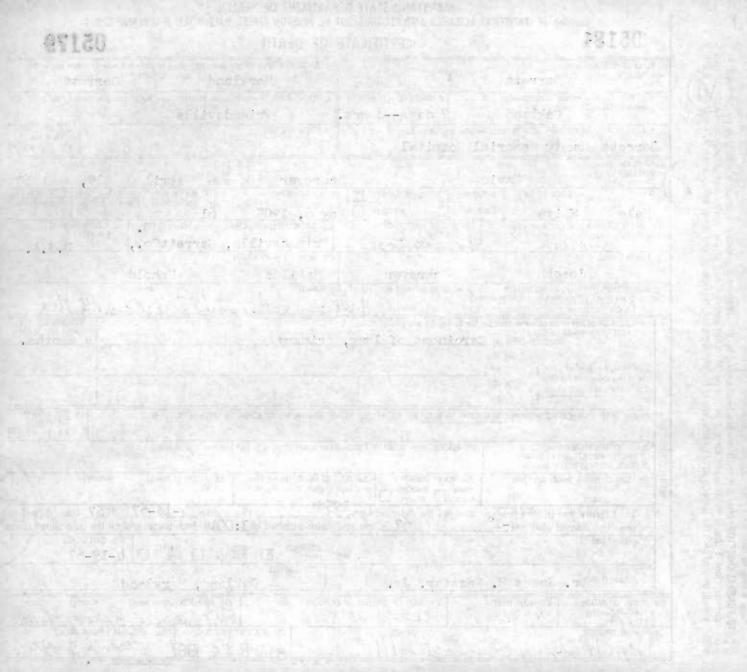
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	DARRETT  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  DAKL AND	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if insti	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		o. STATE MARYLAND b. CC	GARRETT
		c. LENGTH OF STAY IN 16  2 DAYS	c. CITY OR TOWN (If autside corporate limits, write DAKLAND	11.1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, GARRETT COUNTY MEMORIAL		d. STREET ADDRESS  STAR ROUTE # 219	e. IS RESIDENCE ON A FARM? YES NO
S.	NAME OF First DECEASED (Type or print) MARTIN LUTH	Middle	Lost 4. DATE M	onth Doy Year
	SEX 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED		DATE OF BIRTH NOVEMBER 10.85  9. AGE (In years lost birthdoy) 10.15  10.	Months Doys Hours Min.
du	uring most of working life, even if retired) Ret • Laborer Co	IND OF BUSINESS OR IDUSTRY  Rds Comm	11. BIRTHPLACE (County & Stote, or foreign country)  GARRETT MD.	12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME WINFIELD SCOTT SA	AVAGE	14. MOTHER'S MAIDEN NAME MARY ELIZABETH SAVA	
0	Yes, no. or unknown) (If yes give wor or dotes of service)	7-14-4282 M	일하면서 이번 얼마나 되었다면 하게 하나요?	tar Rt. Oakland
	18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  (c)	Anteriorde	otic Cardio Varenda	ONSET AND DEATH  J. Designa - unknown
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  200. ACCIDENT WAS UNDERLYING   20b. DE		HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  Enter noture of injury in Port 1 or Port 11 of item 18.)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERT	OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour o.m. 19 while	Not While G	E OF INJURY (Home, farm, 20f. (City or town) ory, street, office bldg., etc.)	(County) (Stote)
	21. I certify that (I) (this haspital) attentions aw the deceased alive an APRIL	ded the deceased fram_/	death accurred at 6:10PM, Ham cause	es and an the date stated abave
1	220. SIGNATURE  220. PHÝSICIAN'S NAME (Type) DR. HERBERT LE	M.D. M.D.	ATTENDING MED. STAFF PHYS.  22d. ADDRESS DAKLAND, MAR'	22b. DATE SIGNED  VLAND
	130. BURIAL (REMATION, BURIAL (Specify) 14/14/67 24. FUNERAL DIRECTOR John 0. Dyrs	23c. NAME OF CEMETERY OR C	REMATORY 23d. LOCATION (City or Hoyes 25b. RECD BY REGISTRAR 25b.	

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IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	05182	CERTIFI	CATE	OF DEATH		US	180
1.	PLACE OF DEATH o. COUNTY Garrett	MARYL	AND	CTATE	Where deceosed lived, if institution b. COUNT	rv	fore odmission)
	b. CITY OR TOWN (If outside corporate limits, write_RURAL and give negrest town)_	c. LENGTH OF STAY IN	1 lb	c. CITY OR TOWN (If ou	tside corporate limits, write RURA	L ond give neo	rest town)
R	ural - Accident	4 yrs.		Rural	- Accident	11.	/
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	nospital, give street address)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
	(Type of pixit)	ELLEN Middle	SIMM	ONS		24,	9 Year
S.		MARRIED NEVER MARRIED  IDOWED DIVORCED		pr. 8, 18	9. AGE (In yeors 85 birthdoy) yrs.	Months Doy	s Hours Min.
	o. USUAL OCCUPATION (Give kind of work done ting most of working life even if retired)	10b. KIND OF BUSINESS OR INDUSTRY home			& Stote, or foreign country) Co., W. Va.	12. CITIZEN COUNTR	OF WHAT
13.	FATHER'S NAME			14. MOTHER'S MAIDEN I			
	Ezekial T. Steri				e Griffin		
15 (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no or unknown) (If yes give wor or dates of serv	ice) 16. SOCIAL SECURITY NO.  None	17. II	NFORMANT S. Wilbur	Bowser, Acc	1200	
	18. CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (a) (b), and (c).	-	Vagorales	Acaiden		ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse	Hypertens	ine	Cardin	Varaular ()	nene	20 year
	lost. (c)_	Arterios	50/0	40513			
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	Dia betes	TED TO T	HE TERMINAL DISEASE COM	NDITION GIVEN IN PART 1(0)	1	19. WAS AUTOPSY PERFORMED?  YES NO
L CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OC	CURRED. (	Enter noture of injury in	Port I or Port II of item 1B.)		
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	20d. INJURY OCCURRED While Not While of work of work		E OF INJURY (Home, form ory, street, office bldg., etc.)		(County)	(Stote)
	21. I certify that (I) (this haspital saw the deceased alive an	attended the deceased the social of the second of the seco	fram ind that	death accurred by	963, to April AM, from causes of		that (l) (we) las date stated abave
	220. SIGNATURE	Taiplon	M.D		MED. STAFF DIRECTOR PHYS.	22b. DATE SI	Furil 67
	22c. Physician's NAME (Type) Herbert H.	Leighton, M	M.D.	22d. ADDRESS Oaklan	d, Maryland		
-00	TOTAL CONTRACTOR TOTAL PART THEREOF	T OO MANE OF CEASE	TEDY OD A	PETALATORY	1 024 LOCATION (Ch Tou	-1 15-11	(case2) (case

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REGISTRAR'S SIGNATURE

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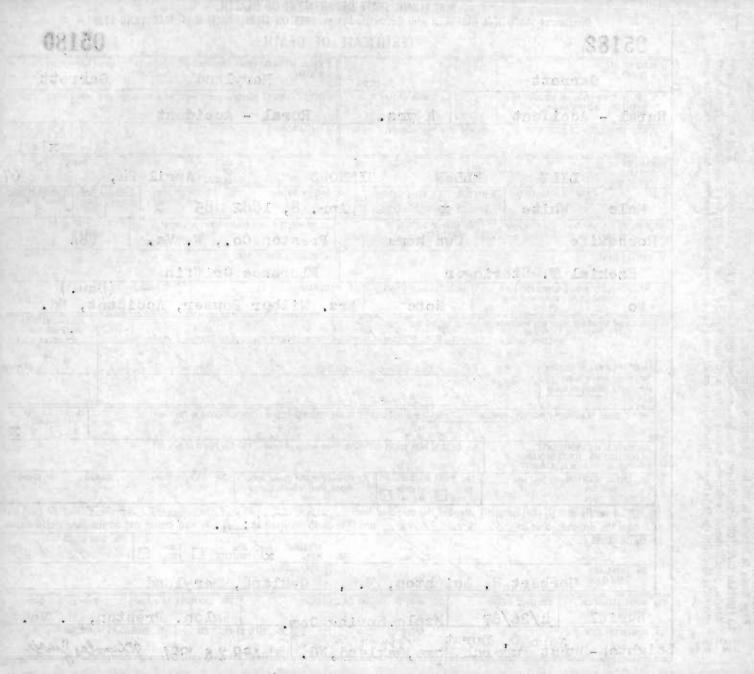
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O. Durst Funeral Home

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

ghton-Durst Fund



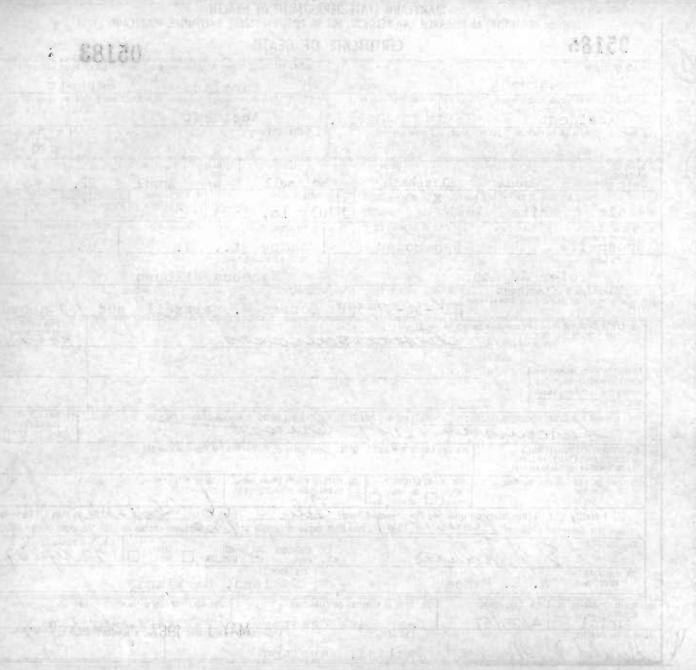
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05183 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAFE EALTH DEAL PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY o. STATE b. COUNTY Garrett P.M.3. Page of MARYLAND delay ond 3 with the Stote Department b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) puo write RURAL and give nearest town) 18 hrs. Akron (Rural) Swanton I Do nrs.

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4 shauld be forwarded to the Chief Medical Exominer's Office olong with form Route #1. 10 1467 Edgemoor Ave. NO X Give Pages 24 hours after death. in Item 18. Give Page NAME OF First Middle Lost 4 DATE Month Year DECEASED ROGER WELLOCK WARREN DEATH April (Type or print) 61 (In years S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Hours White Malle WIDOWED June 7. 1905 10o. USUAL OCCUPATION (Give kind of work done HI C ... BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most appropriate, even it retired)
Ret. Production Westinghouse COUNTRY? Navarre, Stark, Ohio
14. MOTHER'S MAIDEN NAME TISA pages 13. FATHER'S NAME pencil be executed within 72 hours James H. Warren Mary Smith 17. INFORMANT (Brother) 1467 Addigemoor Ave. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give wor or dotes of service) event within 169-10-6025 John L. Warren, Akron, Ohio INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Macerated brain Sudden writing the word This certificate should any Conditions, if ony, which gove (b) Self-inflicted gunshot wound of head rise to immediate couse (o). \_\_ DUE TO stoting the underlying couse puo 05 be used 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) or removol, PERFORMED? execute the certificote, NO 3 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMAR or CONTRIBUTING CAUSE OF DEATH. Shotgun wound of head, self-inflicted cremotion, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year Not White of work Residence (Summer) Rural Swanton Garr. Md. Hour o.m. your 5 moy be retained for your TO FUNERAL DIRECTOR: Page 21. 1 certify that I taak charge of the remains described above, held an Autapsy Inspection X Inquiry 🗶, and in my apinian death resulted from: Homicide Undetermined monner funeral director. Notural couses Accident/ Suicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER . **EXAMINER'S** NAME (1/pe)James H. Feaster, Jr., M. D. Health Address (Street, city, town, or county Dakland. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL CREMATION, 4/5/67 Rose/Hill Memorial Massilon. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR John O. Durst 2So. REC'D BY REGISTRAR Ocharles VR A15ME (5) Leighton-Durst Funeral Home, Oakland, Md. ARR 5 6M 1/67

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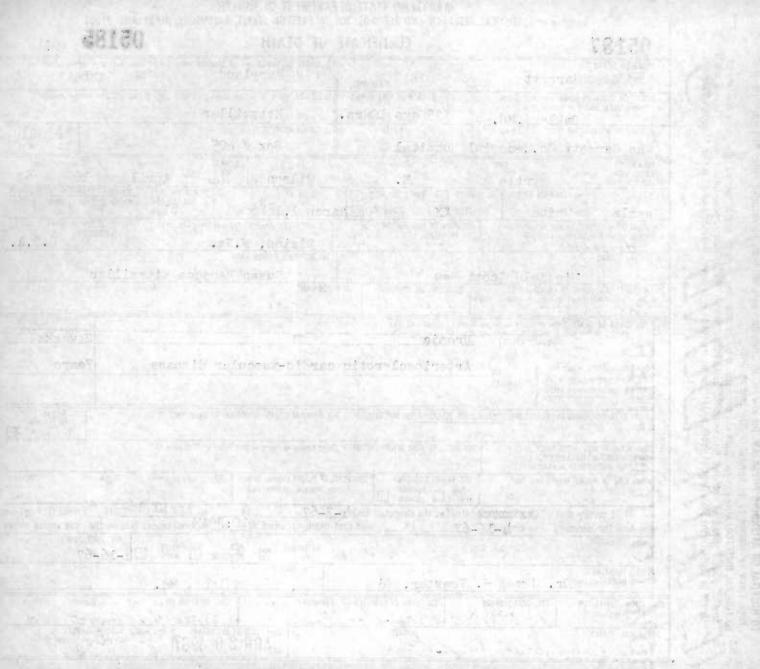
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05184 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) the attending physicion and completely filled in by the funera sit permit. Then please remove carbon papers. Pages 1 And I. PLACE OF DEATH b. COUNTY o. COUNTY Marvland Garrett Garrett MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) within 72 hours Loch Lynn yrs. d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 422 Maple Ave. 422 Maple Ave. YES NO 3. NAME OF Middle 4. DATE First Lost Doy Year DECEASED 11, WHEAT WEEKS April 67 TRA 19 DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** 63 birthdoy) Hours White Male Sept. 28,1903 WIDOWED DIVORCED and in any 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY COUNTRY? during most of working life, even if retired) Fairfield. Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Hamilton Weeks Henry Etta Chittum 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Widow) 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 220-10-0750 Mrs. I. W. Weeks, Loch Lynn, Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a); (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if ony, which gave rise to immediate couse (o), DUE TO stoting the underlying couse be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use Stote Dept. of Heolth NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year Hour o.m foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (I) (this haspital) attended the deceased fram. (1) (1) (we) last CAPULL 19/17, and that death accorred at 5:20M, Arca Nouses and an the date stated above saw the deceased alive an\_ 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. ATTENDING director, page a M.D. 22d. ADDRESS 22c. PHYSICIAN'S Page 4 moy NAME (Type) Oakland. Marvland Andrew E. Mance. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, 23b. DATE THEREOF Pleasant Valley Cem. Near Oakland. Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR John 0. Jeighton-Durst Funeral Home Oakland, Md. 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05188 CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before o. STATE Maryland o. COUNTY b. COUNTY Garrett Garrett MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) days-8 hrs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rt. #2, Box #350 Garrett Co. Memorial Hospital YES NO The law requires that the death certificate be executed within 3. NAME OF First Middle 4. DATE Lost Year DECEASED OF April 19 67 Wrightsman 6, Sarah Ann (Type or print) IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR 9. AGE (In years 7. MARRIED NEVER MARRIED 7 (ast birthdoy) Months Hours March 23. 1897 White Female WIDOWED X DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Own Home COUNTRY? U.S.A. Garrett CoMaryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending phys Victoria Randolph Cosner Bray 17. INFORMANT (Daughter) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 3-16-0698 Mrs. Ruth Harvey - Mt. Lake Park, Md. (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH moestic Hant Parlore PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO 48hs Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been 1540. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use NO Z YES 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) detached f te Dept. af l OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While factory, street, office bldg., etc.) ot work ot work 21. I certify that (I) (this hospital) attended the deceased fram from 1, 1967, to 64 , 1967, that (I) (we) last sow the deceased alive on 64 pr 67 1967, and that death occurred at 1:40 M, Rom causes and on the date stated abave. 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS Oakland, Maryland 21550 Grant NAME (Type) Dr. directar, 23b. DATE THEREOF 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify) Near Oakland. Md. Cem. 11/9/67 Rleasant Valley Home, Oakland, Ma. OSS REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ON N O DUrst Jeighton-Durst Fune ral VR A15 (4) 20 M 1/66 DATE

